

PERMIT # _____



City of Wood Dale Building Dept.
Phone (630) 766-5133
Fax (630) 787-3758

SIGN PERMIT APPLICATION

Business Name _____ Business Address _____

Business Owner _____ Home Address _____ City _____

Contact Phone _____ Business Phone _____

Sign Contractor _____ Address _____ City _____ Phone _____

Building Dimensions _____ x _____ Building Height _____

Type of Sign _____ Type of Material _____

New Sign _____ x _____ Height _____ Total Sq.Ft. _____ Number of Faces _____

Illuminated _____ Non-Illuminated _____

ALL EXISTING SIGNS MUST BE LISTED

Existing Ground Supported Signs:

Exist. Sign Dimensions _____ x _____ Height _____ Number of Faces _____ = _____ Sq. Ft.
Exist. Sign Dimensions _____ x _____ Height _____ Number of Faces _____ = _____ Sq. Ft.

Existing Building Supported Signs:

Exist. Sign Dimensions _____ x _____ Height _____ Number of Faces _____ = _____ Sq. Ft.
Exist. Sign Dimensions _____ x _____ Height _____ Number of Faces _____ = _____ Sq. Ft.

SIGNATURES & DATE SIGNED

APPLICANT _____ BUSINESS OWNER _____ Date _____

AGENT FOR OWNER _____ PROPERTY OWNER _____ Date _____

The applicant hereby certifies to the correctness of the above and agrees to comply with all provisions of the Building, Zoning, Fire Prevention, Sign and Subdivision Ordinances of The City of Wood Dale.

Please include 2 copies of sign drawings and 2 copies of Plat of Survey with location of signage.

APPROVED _____ Building Dept. Authorization
DATE _____

SIGN FEE _____
ELECTRIC _____
TOTAL FEE _____